

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09-646 748** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		3		1		
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TOTAL IND.	3		3			
TOTAL DEP.	13		13			
TOTAL CLAIMS	16		16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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